DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		
	445494	B. WING_	G 01 - MAIN BUILDING 01	COMPLETED	
NAME OF PROVIDER OR SUPPLIFIE CARE CENTER OF	JER	71	EET ADDRESS, CITY, STATE, ZIP COD 824 RHEA COUNTY HWY AYTON, TN 37321	<u>01/10</u>	/2012
PREFIX : (EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X6 COMPLE DAT
SS=D Smoke barriers least a one half accordance wit terminate at an protected by fire panels and steed separate comparison. Dampers penetrations of heating, ventilated	are constructed to provide at hour fire resistance rating in h 8.3. Smoke barriers may atrium wall. Windows are e-rated glazing or by wired glass of frames. A minimum of two artments are provided on each are not required in duct smoke barriers in fully ducted ing, and air conditioning systems. 5, 19.1.6.3, 19.1.6.4	K 025	What corrective action will be correct this alleged deficient pa) Smoke barriers were repa 1/17/2012. Identify residents that have the to be affected by the alleged depractice. a) All facility residents have potential to be affected. What measures will be put into	e potential eficient the	
Sased on obsets smoke barrier fit The findings incomplete the fire rated door or station. Observation on crevealed a penet fire rated door or NFPA 101 LIFE. SS=D Heating, ventilation with the provision in accordance with the station of the rated door or NFPA 101 LIFE.	D is not met as evidenced by: vation, the facility failed to assure re ratings are maintained. ude: January 10, 2012 at 10:20 a.m. tration above the ceiling over the n the front hall near the nurse January 10, 2012 at 11:10 a.m. ration above the ceiling over the n the private hall. SAFETY CODE STANDARD and air conditioning comply us of section 9.2 and are installed the manufacturer's 19.5.2.1, 9.2, NFPA 90A,	K 067	what systematic changes will yensure that the deficient practice. a) Maintenance will monito outside vendors for complementations of firewalls. b) Smoke barriers were repart 1/17/2012. c) Maintenance Director will rounds to monitor compliate monthly basis. d) The nursing home administrated audit the monthly reviews a compliance monthly times	rou make to ce does not r any iance to ired on make nce on trator will	

my deficiency statement ending with an asteries (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days blowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2012 FORM APPROVED OMB NO. 0938-0391

AND PLAN	ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1000	(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY COMPLETED	
1			A BUILDING D1 - MAIN BUILDING 01) . CON			
NAME OF		445494	B. W	ING			414020040	
	PROVIDER OR SUPPLIER ARE CENTER OF RHE	A COUNTY	*	78	EET ADDRESS, CITY, STATE, ZIP COD	<u> </u>	1/10/2012	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	-,	1 0	AYTON, TN 37321		8.30	
PRÉFIX TAG	(EAGH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOLL DE	(X5) COMPLETION DATE	
K 072 S\$=D	clean linen closets had the findings include observation on Januarevealed the clean line hall has no positive and NFPA 101 LIFE SAFE Means of egress are of all obstructions or use in the case of fire furnishings, decoration exits, access to, egree 7.1.10 This STANDARD is represented to assure the confidence of the case of the confidence of the confide	on, the facility failed to assure on, the facility failed to assure ave a positive air flow. Lary 10, 2012 at 10:25 a.m. nen supply closet on the front air flow installed. ETY CODE STANDARD continuously maintained free impediments to full instant or other emergency. No ons, or other objects obstruct as from, or visibility of exits. In and interview, the facility pridors in the means of ed clear of all obstructions 1.) Ty 10, 2012 at 10:45 a.m. elchairs and one (1) patient	1		How the corrective action(s) wi monitored to ensure the deficier will not recur and what quality a program will be put in place? a) The Nursing Home Admini will report the results of the rounds to the performance improvement committee, wi consist of the nursing home administrator, medical direct director of nursing, assistant of nursing, staff development coordinator, pharmacy consultuman resource director, social service director, rehab service manager, dietary manager, admission/marketing coordinations of the months. The performance improvement committee will review the result is deemed necessary by the committee, additional education be provided; the process evaluated/revised and/or the a reviewed, for three months or 100% compliance is achieved	ll be at practice assurance strator monthly nich tor, director at ultant, sial ses sator, und care director, th see at ults. If	2/24/2012	
		e e			¥	1	500	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		445494	B. WING		041	10/0040
	PROVIDER OR SUPPLIER ARE CENTER OF RHE	A COUNTY	1 1	REET ADDRESS, CITY, STATE, ZIP CODI 7824 RHEA COUNTY HWY DAYTON, TN 37321		10/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	This STANDARD is Based on observation on Jan revealed the clean lines include Observation on Jan revealed the clean lines in the findings include NFPA 101 LIFE SAI Means of egress are of all obstructions or use in the case of fir furnishings, decoration exits, access to, egre 7.1.10 This STANDARD is Based on observation failed to assure the cegress were maintain (NFPA 101- 7.1.10.2. The findings include: Observation on January clean in the control of	s not met as evidenced by: ion, the facility failed to assure have a positive air flow. it uary 10, 2012 at 10:25 a.m. inen supply closet on the front air flow installed. FETY CODE STANDARD a continuously maintained free impediments to full instant e or other emergency. No ons, or other objects obstruct less from, or visibility of exits. Inot met as evidenced by: on and interview, the facility orridors in the means of ned clear of all obstructions 1.) ary 10, 2012 at 10:45 a.m. elchairs and one (1) patient	K 072	K067 What corrective action will be to correct this alleged deficient process. Facility has obtained a quot companies on area needing. Identify residents that have the	ectice? te from 2 repaired. potential ficient the place or ou make to e does not weeks nce, once d. r will	
	a a					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/12/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445494 01/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF RHEA COUNTY 7824 RHEA COUNTY HWY DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Cont. KOLIT K 067 Continued From page 1 K 067 How the corrective action(s) will be This STANDARD is not met as evidenced by: monitored to ensure the deficient practice Based on observation, the facility failed to assure will not recur and what quality assurance clean linen closets have a positive air flow. program will be put in place? The findings include: The Nursing Home Administrator Observation on January 10, 2012 at 10:25 a.m. will report the results of the monthly revealed the clean linen supply closet on the front audits to the performance half has no positive air flow installed. improvement committee, which NFPA 101 LIFE SAFETY CODE STANDARD K 072 consist of the nursing home K 072 SS=D administrator, medical director, Means of egress are continuously maintained free director of nursing, assistant director of all obstructions or Impediments to full instant of nursing, staff development use in the case of fire or other emergency. No coordinator, pharmacy consultant, furnishings, decorations, or other objects obstruct human resource director, social exits, access to, egress from, or visibility of exits. service director, rehab services 7.1.10 manager, dietary manager, admission/marketing coordinator, business office manager, wound care nurse, housekeeping/laundry director, activity coordinator, and This STANDARD is not met as evidenced by: Based on observation and interview, the facility health information manager, for failed to assure the corridors in the means of three months. The performance improvement egress were maintained clear of all obstructions committee will review the results. If (NFPA 101-7.1.10.2.1.) it is deemed necessary by the The findings include: Observation on January 10, 2012 at 10:45 a.m. committee, additional education may be provided; the process revealed four (4) wheelchairs and one (1) patient evaluated/revised and/or the audits walker stored in the back corridor. reviewed, for three months or until 100% compliance is achieved 2/24/2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/12/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING NA B. WING 445494 01/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7824 RHEA COUNTY HWY LIFE CARE CENTER OF RHEA COUNTY DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 067 Continued From page 1 K072 K 067 What corrective action will be taken to This STANDARD is not met as evidenced by: correct this alleged deficient practice? Based on observation, the facility failed to assure All facility personnel were inclean linen closets have a positive air flow. serviced on maintaining clear and The findings include: unobstructed aisles and corridors by Observation on January 10, 2012 at 10:25 a.m. the staff development coordinator on revealed the clean linen supply closet on the front 1/26/2012. hall has no positive air flow installed. K 072 NFPA 101 LIFE SAFETY CODE STANDARD K 072 Identify residents that have the potential SS=D to be affected by the alleged deficient Means of egress are continuously maintained free practice. of all obstructions or impediments to full instant a) All facility residents have the use in the case of fire or other emergency. No potential to be affected. furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. What measures will be put into place or 7.1.10 what systematic changes will you make to ensure that the deficient practice does not recur? All facility personnel were inserviced on maintaining clear and This STANDARD is not met as evidenced by: unobstructed aisles and corridors by Based on observation and interview, the facility the staff development coordinator on failed to assure the corridors in the means of 1/26/2012. egress were maintained clear of all obstructions b) The Maintenance Director, and/or his (NFPA 101-7.1.10.2.1.) designee will assure compliance The findings include: through daily rounds to assure the Observation on January 10, 2012 at 10:45 a.m. aisles and corridors are clear and revealed four (4) wheelchairs and one (1) patient unobstructed. walker stored in the back corridor. The nursing home administrator will audit the daily rounds for compliance for three months.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2012 FORM APPROVED OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE	SURVEY PLETED	9 1
		445494	B. Wi	NG_		01	/10/2012	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RHEA COUNTY				78	EET ADDRESS, CITY, STATE, ZIP CODE 824 RHEA COUNTY HWY AYTON, TN 37321		110/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DÉFICIENCIES MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE .	(X5) COMPLETIC DATE	ON .
K 072 SS=D	Clean linen closets he clean linen closets he The findings include Observation on Januarevealed the clean line hall has no positive at NFPA 101 LIFE SAFE Means of egress are of all obstructions or use in the case of fire furnishings, decoration exits, access to, egree 7.1.10 This STANDARD is represented to assure the conference of th	not met as evidenced by: on, the facility failed to assure ave a positive air flow. : uary 10, 2012 at 10:25 a.m. nen supply closet on the front air flow installed. ETY CODE STANDARD continuously maintained free impediments to full instant e or other emergency. No ons, or other objects obstruct ess from, or visibility of exits. not met as evidenced by: n and interview, the facility orridors in the means of ed clear of all obstructions 1.) ry 10, 2012 at 10:45 a.m. elchairs and one (1) patient	KO		How the corrective action(s) will monitored to ensure the deficient will not recur and what quality as program will be put in place? a) The Nursing Home Administs will report the results of the drounds to the performance improvement committee, which consist of the nursing home administrator, medical director director of nursing, assistant dof nursing, staff development coordinator, pharmacy consult human resource director, social service director, rehab services manager, dietary manager, admission/marketing coordinate business office manager, wounnurse, housekeeping/laundry diactivity coordinator, and health information manager, for three months.	practice surance rator aily ch r, irector ant, l or, d care rector, ts. If may	2/24/2012	
					ā			